



MassAFP 2010-2011 Family Physician of the Year

Nomination Form

(Please Type)

Chapter: Massachusetts Date: _____

Physician's Name: _____

Home Address: _____

Office Address: _____

Phone Home: _____ Office: _____ Fax: _____

Medical School: _____

Residency Program: _____

Board Certified: Yes No

Total Years in Practice:

Type of Practice:

Solo FP Group Multi-specialty Group HMO Other _____

Please describe how the physician exhibits the following criteria:

- 1) Provides his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis:_____

- 2) Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community:_____

- 3) Provides a credible role model professionally and personally to his/her community, to other health professionals, and residents and medical students:_____

- 4) Can effectively represent the specialty of family practice and the AAFP in public speaking:_____
